

WARNING:
THIS FORM IS NOT A SUBSTITUTE FOR THE BENEFIT OF
THE ADVICE OF LEGAL COUNSEL.
IT IS HIGHLY RECOMMENDED THAT YOU CONSULT AN
ATTORNEY.

INSTRUCTIONS:

This form is used to:

- Establish Parentage of the child(ren);
- Designate a Residential Parent; or
- Obtain Parenting Time with the child(ren)

The following forms **must** be completed and filed with the court before a case may be initiated:

1. Complaint for Parentage, Allocation of Parental Rights and Responsibilities (Custody), and Parenting Time (Companionship and Visitation)
2. Request for Service
3. Affidavit of Basic Information, Income and Expenses
4. Parenting Proceeding Affidavit
5. Health Insurance Affidavit
6. IV-D Application-(when requesting the establishment of a child support order)

YOU MUST UPDATE THE CLERK OF COURTS IF ANY
OF YOUR CONTACT INFORMATION CHANGES

IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO
JUVENILE DIVISION

IN THE MATTER OF:

A MINOR

Case No. _____

Name

Street Address

City, State and Zip Code

Plaintiff

-v-

Name

Street Address

City, State and Zip Code

Defendant

**COMPLAINT FOR PARENTAGE, ALLOCATION OF PARENTAL RIGHTS
AND RESPONSIBILITIES (CUSTODY), AND PARENTING TIME (COMPANIONSHIP
AND VISITATION)**

Now come Plaintiff and states as follows:

1. Plaintiff is a parent of the following child(ren):

Name of Child

Date of Birth

2. Defendant, _____, is a parent of the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

3. The child(ren) has/have resided in Pickaway County, Ohio since _____

4. A parent-child relationship has been established for the following child(ren):

Name of Child	Date of Birth	Established by
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity <input type="checkbox"/> Administrative Order <input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity <input type="checkbox"/> Administrative Order <input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity <input type="checkbox"/> Administrative Order <input type="checkbox"/> Court Order
_____	_____	<input type="checkbox"/> Acknowledgement of Paternity <input type="checkbox"/> Administrative Order <input type="checkbox"/> Court Order

5. A parent-child relationship has NOT been established for the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

6. No court has issued an order of parenting or support for the following child(ren):

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

7. The following child(ren) is/are subject to an existing order of parenting or support of another court:

Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____

8. Plaintiff requests that the court: (check all that apply):

- Order genetic testing and determine parentage of the child(ren);
- Designate _____ (parent's name) as the parent of the children, _____, (child(ren)'s names);
- Change the child(ren)'s name to _____ (this can only be done by the Juvenile Court on the initial determination of paternity);
- Issue an order to the Ohio Department of Health to prepare (a) new birth certificate(s) for the child(ren) to reflect the child(ren)'s parents;
- Adopt the proposed Shared Parenting Plan which is attached;
- Adopt the proposed Parenting Plan which is attached;
- Order reasonable parenting time (companionship or visitation);
- Order child support, allocate the income tax dependency exemption; and determine who should provide health insurance coverage for the child(ren);
- Other: (specify) _____

Party's signature

Party's printed name

Address

City, State, Zip Code

Telephone Number

E-mail

IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO
JUVENILE DIVISION

IN THE MATTER OF:

A MINOR

Case No. _____

Name

Street Address

City, State and Zip Code

Plaintiff

-v-

Name

Street Address

City, State and Zip Code

Defendant

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Please serve the following documents: (check all that apply)

- Complaint for Parentage, Allocation of Parental Rights and Responsibilities;
 - Parenting Plan;
 - Shared Parenting Plan;
 - Affidavit of Basic Information, Income and Expenses;
 - Explanation of Health Care Bills;
 - Parenting Proceeding Affidavit;
 - Health Insurance Affidavit
 - IV-D Application;
 - Other: (specify)
- _____

Please serve the following parties with the above-marked documents:

() Defendant at:

_____ (address) by:

() Certified Mail, Return Receipt Requested

() Issuance to Sheriff of _____ County, Ohio for () Personal or () Residential service – **party must prepay the cost for Sheriff's service.**

() Other: (specify) _____

() Plaintiff at:

_____ (address) by:

() Certified Mail, Return Receipt Requested

() Issuance to Sheriff of _____ County, Ohio for () Personal or () Residential service – **party must prepay the cost for Sheriff's service.**

() Other: (specify) _____

() _____ County Child Support Enforcement Agency at:

_____ (address) by:

() Certified Mail, Return Receipt Requested

() Issuance to Sheriff of _____ County, Ohio for () Personal or () Residential service – **party must prepay the cost for Sheriff's service.**

() Other: (specify) _____

() Other at:

_____ (address) by:

() Certified Mail, Return Receipt Requested

() Issuance to Sheriff of _____ County, Ohio for () Personal or () Residential service – **party must prepay the cost for Sheriff's service.**

() Other: (specify) _____

SPECIAL INSTRUCTIONS TO SHERIFF:

Party's signature

Party's printed name

Address

City, State, Zip Code

Telephone Number

E-mail

IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO
JUVENILE DIVISION

Case No. _____

 Plaintiff

-v-

 Defendant

AFFIDAVIT OF BASIC INFORMATION, INCOME, AND EXPENSES

SECTION I – BASIC INFORMATION

Plaintiff

Defendant

Date of Birth _____	Date of Birth _____
Last 4 Digits of Social Security # XXX-XX-____	Last 4 Digits of Social Security # XXX-XX-____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____	Is an interpreter needed? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, explain: _____
Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain: _____	Health: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor If health is not good, please explain: _____

Education: (<i>Check highest level achieved</i>) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post-Graduate	Education: (<i>Check highest level achieved</i>) <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post-Graduate
Other Technical Certifications: Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Technical Certifications: Active Member of the U.S. Military <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II – INCOME

	<u>Plaintiff</u>	<u>Defendant</u>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed		
Date of Employment	_____	_____
Name of Employer	_____	_____
Payroll Address	_____	_____
Payroll City, State, Zip	_____	_____
Scheduled Paychecks Per Year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52

A. YEARLY INCOME, OVERTIME, COMMISSIONS, AND BONUSES FOR PAST THREE YEARS

	<u>Plaintiff</u>		<u>Defendant</u>
Base yearly income	\$ _____	3 years ago <input type="checkbox"/>	20____ \$ _____
	\$ _____	2 years ago <input type="checkbox"/>	20____ \$ _____
	\$ _____	Last year <input type="checkbox"/>	20____ \$ _____
Yearly overtime, commissions, and/or bonuses	\$ _____	3 years ago <input type="checkbox"/>	20____ \$ _____
	\$ _____	2 years ago <input type="checkbox"/>	20____ \$ _____
	\$ _____	Last year <input type="checkbox"/>	20____ \$ _____

B. COMPUTATION OF CURRENT INCOME

	<u>Plaintiff</u>	<u>Defendant</u>
Base Yearly Income	\$ _____	\$ _____
Average yearly overtime, commissions, and/or bonuses over last 3 years (from part A)	\$ _____	\$ _____

	<u>Plaintiff</u>	<u>Defendant</u>
Unemployment Compensation	\$ _____	\$ _____
Disability Benefits		
Workers' Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Retirement Benefits		
Social Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Interest and dividend income (<i>source</i>) _____	\$ _____	\$ _____
Other income (<i>type and source</i>) _____	\$ _____	\$ _____
TOTAL YEARLY INCOME	\$ _____	\$ _____
Supplemental Security Income (SSI) and/or public assistance	\$ _____	\$ _____
Social Security or Veteran's benefits received for child(ren)		
<input type="checkbox"/> Based on parent's disability		
<input type="checkbox"/> Based on child's disability	\$ _____	\$ _____
Child support you receive from a child support enforcement agency or court order for minor and/or dependent child(ren) not of the marriage or relationship	\$ _____	\$ _____

SECTION III – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who is/are adopted or born from this marriage or relationship:

Name	Date of birth	Living with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In addition to the above child(ren):

Plaintiff/Petitioner 1 has _____ other minor biological or adopted child(ren).

Defendant/Petitioner 2 has _____ other minor biological or adopted child(ren). There is/are _____ adult(s) in your household.

SECTION IV – EXPENSES

List monthly expenses below for your present household.

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$ _____
Second mortgage/equity line of credit	\$ _____
Real estate taxes (if not included above)	\$ _____
Renter or homeowner's insurance (if not included above)	\$ _____
Homeowner or condominium association fee	\$ _____
Utilities	
◦ Electric	\$ _____
◦ Gas, fuel oil, propane	\$ _____
◦ Water and sewer	\$ _____
◦ Telephone and/or cell phone	\$ _____
◦ Trash collection	\$ _____
◦ Cable/satellite television	\$ _____
◦ Internet service	\$ _____
Cleaning	\$ _____
Lawn service and/or snow removal	\$ _____
Other: _____	\$ _____
_____	\$ _____
	TOTAL MONTHLY: \$ _____

B. OTHER MONTHLY LIVING EXPENSES

Food	
◦ Groceries (including food, paper, cleaning products, toiletries, and other)	\$ _____
◦ Restaurant	\$ _____
Transportation	
◦ Vehicle loan, lease	\$ _____
◦ Vehicle maintenance	\$ _____
◦ Gasoline	\$ _____

◦ Parking, public transportation	\$ _____
Clothing	
◦ Clothes (other than child(ren)'s)	\$ _____
◦ Dry cleaning and laundry	\$ _____
Personal grooming	
◦ Hair and nail care	\$ _____
◦ Other: _____	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY:	\$ _____

C. MONTHLY MINOR CHILD-RELATED EXPENSES
(for child(ren) of the relationship)

Work and/or education-related child-care	\$ _____
Other child-care	\$ _____
Extraordinary parenting time travel cost	\$ _____
School tuition	\$ _____
School lunches	\$ _____
School supplies	\$ _____
Extracurricular activities and lessons	\$ _____
Clothing	\$ _____
Child(ren)'s allowances	\$ _____
Special and extraordinary needs of child(ren) (not included elsewhere)	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY:	\$ _____

D. MONTHLY INSURANCE PREMIUMS

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Other: _____	\$ _____
TOTAL MONTHLY:	\$ _____

E. MONTHLY WORK AND EDUCATION EXPENSES FOR SELF

Mandatory work expenses (union dues, uniforms, or other) \$ _____
Additional income taxes paid (not deducted from wages) \$ _____
Tuition \$ _____
Books, fees, and other \$ _____
College loan \$ _____
Other: _____ \$ _____
_____ \$ _____
TOTAL MONTHLY: \$ _____

F. MONTHLY HEALTH CARE EXPENSES

(not covered by insurance)

Physicians \$ _____
Dentists and orthodontists \$ _____
Optometrists and opticians \$ _____
Prescriptions \$ _____
Other: _____ \$ _____
TOTAL MONTHLY: \$ _____

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) [for child(ren) who were not born of this marriage or relationship and were not adopted by these parties] \$ _____
Child support for child(ren) who were not born of this marriage or relationship and were not adopted by these parties \$ _____
Expenses paid for adult child(ren) or other dependent(s) \$ _____
Spousal support paid to former spouse(s) \$ _____
Subscriptions and books \$ _____
Charitable contributions \$ _____
Memberships (associations and clubs) \$ _____
Travel and vacations \$ _____
Pets \$ _____
Gifts \$ _____
Attorney fees \$ _____

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

I, (print name) _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

STATE OF _____)

) SS

COUNTY OF _____)

Sworn or affirmed before me by _____ this _____ day of _____,

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____

(Affix Seal here)

**IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO
JUVENILE DIVISION**

Case No. _____

Plaintiff

-v-

Defendant

PARENTING PROCEEDING AFFIDAVIT (R.C. 3127.23(A))

Affidavit of _____

(Print Name)

ONLY CHECK THE FOLLOWING BOX IF YOU BELIEVE THAT THE HEALTH, SAFETY, OR LIBERTY OF YOURSELF OR YOUR CHILD(REN) WOULD BE JEOPARDIZED BY THE DISCLOSURE OF YOUR ADDRESS OR IDENTIFYING INFORMATION. YOU ACKNOWLEDGE THAT THE COURT MAY CONDUCT A HEARING REGARDING THE BASIS FOR YOUR REQUEST.

Pursuant to R.C. 3127.23(D), I allege that my health, safety, or liberty or that of my child(ren) would be jeopardized by the disclosure of identifying information to my spouse or the public. Therefore, I request that my address be placed under seal. I have marked the corresponding box next to each address I am requesting to be sealed.

1. (Number): _____ Minor child(ren) is/are subject to this case as follows:

Insert the information requested below for all minor or dependent children of the parties. You must list the residences for all places where the children have lived for the last FIVE years.

a. Child's name		Place of birth	Date of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
_____		_____	_____	
Date of residence	Address Confidential	Person child lived with (name and address)		Relationship
_____ to present	<input type="checkbox"/>	_____ _____		_____
_____ to _____	<input type="checkbox"/>	_____ _____		_____

_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____

b. Child's name _____	Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____

c. Child's name _____	Place of birth _____	Date of birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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Check this box if the information below is the same as in Section 1(a). Skip to the next question.

Date of residence	Address Confidential	Person child lived with (name and address)	Relationship
_____ to present	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____
_____ to _____	<input type="checkbox"/>	_____	_____

d. Additional children are listed on Attachment 1(d). (Provide requested information for additional children on an attachment labeled 1(d).)

2. Participation in custody case(s): (Check only one box)

- I HAVE NOT participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.
- I HAVE participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time), with any child subject to this case.

Explain: _____

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

3. Information about custody case(s): (Check only one box)

- I HAVE NO INFORMATION of any cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning any child subject to this case.
- I HAVE THE FOLLOWING INFORMATION concerning cases that could affect the current case, including any cases relating to custody; domestic violence or protection orders; dependency, neglect, or abuse allegations; or adoptions concerning a child subject to this case, other than listed in Paragraph 2.

Explain: _____

- a. Name of each child: _____
- b. Type of case: _____
- c. Court and State: _____
- d. Date and court order or judgment (if any): _____

4. Information about criminal convictions:

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/COUNTY/STATE	CHARGE

5. Persons not a party to this case: (Check only one box)

- I DO NOT KNOW OF ANY PERSON not a party to this case who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.
- I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

a. Name/Address of Person: _____

has physical custody claims custody rights claims visitation rights

Name of each child: _____

b. Name/Address of Person: _____

has physical custody claims custody rights claims visitation rights

Name of each child: _____

a. Name/Address of Person: _____

has physical custody claims custody rights claims visitation rights

Name of each child: _____

6. I understand that I have a continuing duty to advise this Court of any custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or protection order from domestic violence case concerning the children about whom information is obtained during this case.

OATH OR AFFIRMATION

(Do not sign until Notary Public is present)

I, (print name) _____, swear or affirm that I have read this Affidavit and, to the best of my knowledge and belief, the facts and information stated in this Affidavit are true, accurate, and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

Your Signature

STATE OF _____)

) SS

COUNTY OF _____)

Sworn to or affirmed before me by _____ this _____ day of _____, _____.

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____

(Affix seal here)

IN THE COURT OF COMMON PLEAS, PICKAWAY COUNTY, OHIO
JUVENILE DIVISION

Case No. _____

Plaintiff

-v-

Defendant

HEALTH INSURANCE AFFIDAVIT

Affidavit of _____
(Print Name)

	<u>Plaintiff</u>		<u>Defendant</u>	
Is/are your child(ren) currently enrolled in a government-provided program (i.e. Healthy Start/ Medicaid)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/are your child(ren) enrolled in an individual (non-group or COBRA) health insurance plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/are your child(ren) enrolled in a plan found through the exchange/Affordable HealthCare Marketplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is/are your child(ren) enrolled in a health insurance plan through a group (employer or other organization)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your child(ren) is/are not enrolled, does/do he/she/they have health insurance available through a group (employer or other organization)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the available insurance cover primary care services within 30 miles of the children's home?	Yes	No	Yes	No
Under the available insurance, what is the annual premium you pay for family coverage?	\$ _____		\$ _____	
Name of group (employer or organization) that provides health insurance	_____		_____	
Address	_____		_____	
Phone Number	_____		_____	

